Accountable Care Organization (ACO) Performance Information on Medicare Care Compare 2019 Doctors and Clinicians Public Reporting

## Overview

The Medicare Access and CHIP Re-authorization Act (MACRA) of 2015 amends Section 1848(q)(9)(A)(ii) of the Social Security Act (the Act) to make available for public reporting the names of eligible clinicians in Advanced Alternative Payment Models (APMs) and, to the extent feasible, the names and performance of Advanced APMs. In the CY 2017 Quality Payment Program Final Rule, the Centers for Medicare & Medicaid Services (CMS) finalized linking eligible clinicians and groups to their Alternative Payment Model data, as relevant and possible (81 FR 77398).

As part of fulfilling this mandate, CMS will publicly report 2019 Quality Payment Program (QPP) performance information for Next Generation Accountable Care Organizations (NGACOs) and Medicare Shared Savings Program Accountable Care Organizations (ACOs) on Medicare Care Compare and in the Provider Data Catalog (PDC). This document includes the plain language measure titles and descriptions for the ACO performance information that will be publicly reported. Plain language measure titles and descriptions are used on Care Compare profile pages to allow Medicare patients and caregivers to more easily understand the information.

For questions about public reporting for doctors and clinicians, visit the <u>Care Compare: Doctors and Clinicians</u> <u>Initiative page</u> or contact us at <u>QPP@cms.hhs.gov</u>.



## **ACO Quality measures**

CMS will publicly report 4 quality measures on ACO profile pages. These measures will be reported as percent performance scores.

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
ACO-20	Breast Cancer Screening	Screening for breast cancer.	A higher score is better because it means more of this ACO's female patients had a mammogram to check for breast cancer.
			Mammograms can help find breast cancer early, when treatment works best. All women ages 50 and older should get a mammogram at least every two years.
			To give this ACO a score, Medicare looked at the percentage of this ACO's female patients ages 51 to 74 who got a mammogram within a 27 month period.
ACO-19	Colorectal Cancer Screening	Screening for colorectal (colon or rectum) cancer.	A higher score is better because it means clinicians in this ACO screened more patients ages 50 to 75 for colorectal cancer.
			All patients ages 50 to 75 should be checked for colorectal cancer. Early detection of colorectal cancer can lead to effective treatment and increased survival.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients ages 50 to 75 who were appropriately screened for colorectal cancer.
ACO-13	Falls: Screening for Future Fall Risk	Screening older patients' risk of falling.	A higher score is better because it means clinicians in this ACO checked more older patients for their risk of falling.
			Older patients can have a higher risk of falling and seriously injuring themselves. Clinicians can check patients' vision, muscle strength, and balance to determine if they are at risk of falling. If patients know they have a high risk of falling, they can take preventive steps to avoid future falls.
			To give this ACO a score, Medicare looked at the percentage of this ACO's older patients who were checked for risk of falling.
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Giving statin therapy to patients at risk for cardiovascular problems.	A higher score is better because it means clinicians in this ACO prescribed statin therapy to more patients at risk for cardiovascular problems when appropriate.
			Statin therapy can lower cholesterol and decrease the risk of cardiovascular events such as heart attack or heart failure in at-risk patients.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients with clinical atherosclerotic cardiovascular disease (ASCVD), high cholesterol, or diabetes who were prescribed statin therapy.

## **CAHPS for ACOs Measures**

CMS will publicly report 5 CAHPS for ACOs survey measures on ACO profile pages. These measures will be reported as performance scores on a 0-100 scale.

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
ACO-1	Getting Timely Care, Appointments, and Information	Getting timely care, appointments, and information.	<ul> <li>A higher score is better because it means that more patients got care, appointments, and information when they needed it.</li> <li>Getting care, appointments, and information when you need it is an important part of having access to health care that you deserve.</li> <li>To give this ACO a score, Medicare looked at patient ratings for getting timely care including: <ul> <li>Getting an urgent care appointment as soon as needed.</li> <li>Getting answers to medical questions on the same day when calling during regular office hours.</li> </ul> </li> </ul>
ACO-2	How Well Providers Communicate	How well clinicians communicate.	<ul> <li>A higher score is better because it means that more patients found it easier to communicate with their clinicians.</li> <li>An important part of high quality health care is having a clinician listen to you and talk to you about your health in a way that is easy for you to understand.</li> <li>To give this ACO a score, Medicare looked at patient ratings for how well clinicians communicated including: <ul> <li>Explaining things in a way that was easy to understand.</li> <li>Listening carefully.</li> <li>Showing respect for what patients had to say.</li> <li>Spending enough time with patients.</li> </ul> </li> </ul>
ACO-3	Patient's Rating of Provider	Patient's rating of clinicians.	A higher score is better because it means that more patients gave a high rating to their clinician. To give this ACO a score, Medicare looked at the average rating patients gave their clinicians on a scale from 0 (lowest) to 10 (highest).
ACO-5	Health Promotion and Education	Health promotion and education.	<ul> <li>A higher score is better because it means that more patients got information about how to stay healthy.</li> <li>A part of high quality care is having your care team give you information about things you can do every day to stay healthy. This includes talking with you about how to prevent illness, keep a healthy diet, and exercise.</li> <li>To give this ACO a score, Medicare looked at the percentage of patients that said their care team talked with them about what they can do to stay healthy.</li> </ul>

## ACO Performance Information

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
ACO-34	Stewardship of Patient Resources	Attention to patient medicine cost.	A higher score is better because it means that clinicians were aware of reasons why patients may not be able to purchase their medicine. When your clinicians discuss medicine costs with you, they can be sure that you will be able to afford to follow your care plan. To give this ACO a score, Medicare looked at the percentage of patients that said the care team talked
			with them about the cost of their prescription medicine.